

MAKERERE

P. O. Box 7062 Kampala - Uganda
Cables: "MAKUNIKA"



UNIVERSITY

Tel: +256 - 41-532752/530231/530232
Fax: +256-41 533640/541068
Email: ar@acadreg.mak.ac.ug

OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FOR ADMISSION TO THE UNIVERSITY

UNDER THE PRIVATE SPONSORSHIP SCHEME

2010/2011 ADMISSIONS

TO BE COMPLETED BY DIPLOMA HOLDERS

ACADEMIC YEAR FOR WHICH ADMISSION IS SOUGHT e.g 2010/2011

NOTE: (i) This form must be submitted with evidence of payment of application fee.

(ii) To be completed by applicants who are seeking admission on the basis of a Diploma only.

Current Passport Photograph	Right Hand Thumb Print
-----------------------------------	---------------------------

PART I

ALL NAMES MUST BE WRITTEN IN FULL (NO INITIALS) AND THE FORM SHOULD BE FILLED IN CAPITAL LETTERS

- 1 (a) Surname (in full)
- (b) Other names (in full)
- (c) Sex: (Tick) Male ☐ Female ☐
- (d) Date of Birth (DD..... MM..... YY.....) (e) Citizenship/Nationality
(You must attach a copy of the birth certificate)
- (f) Home District

2 (a) PROGRAMME APPLIED FOR

Use the three letter codes provided in the announcement

CHOICE (ONE)

- (b) Choices of BA or BSC subject combinations (use the numerical codes provided)

--	--	--

3 Uganda Certificate of Education (UCE) or its equivalent

Index No

Year of Examination.....

SUMMARY OF GRADES

SUBJECT										
GRADE										

DISTINCTIONS	CREDITS	PASSES

4. Uganda Advanced Certificate of Education (UACE) or its equivalent. Index No. Year of Examination.....
Please indicate the subjects and grades where applicable.

SUBJECT					
GRADE					

Attach a photocopy of the UACE Certificate or its equivalent (Strictly a photocopy of the Certificate or results slip must be attached).

5. Institutions attended, if any

YEAR		Name of Institution	Qualification Obtained	Class of Award (If any)
From	To			

Attach certified copies of Certificates and Academic Transcripts of Diplomas from the awarding institutions.

6. If you are already admitted to the University indicate;

- (i) Registration Number
- (ii) Programme admitted to
- (iii) Sponsor

PART II

7. Other Personal Information

- (a) Marital Status (Married, Single, Other specify)
- (b) Permanent Address
- (c) Emergency Contact address, if different from (b) above
- (d) Telephone No (e) Fax No (f) E-mail
- (g) Religious affiliation (if any)

- 8. (a) Home County..... (b) Sub-County (LC III)
- (c) Parish (LC II) (d) Village (LC I)

9. Information on Parents

Father

- (a) Surname
- (b) Other Names
- (c) Date of Birth
- (d) Village of Birth
- (e) Sub-County
- (f) District of Birth
- (g) Nationality
- (h) Address

Mother

-
-
-
-
-
-
-
-

10. **Information on the Guardian (where applicable)**

- (i) Guardian's Name (j) Guardian's Occupation
- (k) Guardian's address (l) Telephone Number

11. **Positions of responsibility held while at School/College**

.....

.....

.....

12. **Employment Record**

Give brief details of employment record. You may use a separate sheet of paper

EMPLOYER	POST(S) HELD	DATES

13. Give names of 2 persons in responsible positions from whom confidential information may be obtained about you.

- (i) Name
- Address
- Telephone Number
- (ii) Name
- Address
- Telephone Number

14. It should be **NOTED** by all applicants that cases of impersonation, Falsification of Documents or giving false/incomplete information whenever discovered either at Registration or afterwards will lead to automatic **CANCELLATION** of Admission and prosecution in the Uganda Courts of Law.

15. **Declaration by the Applicant**

I have noted and understood the implication of giving incorrect information. I confirm that the information given on this form, to the best of my knowledge is correct.

Signature of Applicant Date